

FILED JAN 13 1951

THE DIVISION OF HEALTH OF THE CITY OF ST. LOUIS STANDARD CERTIFICATE OF DEATH

State File No. **42240**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11261	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital,				STREET ADDRESS (If rural, give location) 4221a Oregon Ave.,			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) S.		c. (Last) Fleischmann,		4. DATE OF DEATH (Month) (Day) (Year) December 29, 1950.	
5. SEX Male, 0		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married,		8. DATE OF BIRTH December 27, 1897	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY Gross Chandelier,		11. BIRTHPLACE (State or foreign country) Rock Island, Illinois, /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph E. Fleischmann,		13b. MOTHER'S MAIDEN NAME Nellie Blair,		14. NAME OF HUSBAND OR WIFE Alice M. Fleischmann,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice M. Fleischmann, 4221a Oregon Ave.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chw Myocarditis (decompensated) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma and Emphysema				INTERVAL BETWEEN ONSET AND DEATH 8 days 1 yr 8 mo 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from April 21, 1938 , to Dec 29, 1950 , that I last saw the deceased alive on Dec 29, 1950 , and that death occurred at 5:00A.m. , from the causes and on the date stated above.							
23a. SIGNATURE Max Stankoff MD (Degree or title)		23b. ADDRESS 512 Dow Place		23c. DATE SIGNED 12/29/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, 0		24b. DATE Jan. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JAN 2		REGISTRAR'S SIGNATURE J. B. Karater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

14261

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4249

2842 Meramec St.,
P. O. Address St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.